

Affix  
Stamp  
Here

**To: CITY OF ANNAPOLIS GOVERNMENT  
HUMAN RESOURCES DEPT  
93 MAIN ST 3RD FL  
ANNAPOLIS MD 21401**

Before mailing, did you:

- S** Sign the application?
- S** Fill out all five pages of the Application?

**CITY OF ANNAPOLIS GOVERNMENT  
HUMAN RESOURCES DEPT  
93 MAIN ST 3RD FL  
ANNAPOLIS MD 21401**



City of Annapolis  
HUMAN RESOURCES DEPARTMENT  
93 Main Street, 3rd Floor  
Annapolis, MD 21401

Reviewed by:

Q: ' '

NQ: ' '

The City of Annapolis is an Equal Opportunity/ADA Compliant Employer. Females, Minorities and Individuals with Disabilities are encouraged to apply. Any disabled applicant who needs a reasonable accommodation during the application or testing process should notify the Human Resources Department in advance at (410) 263-7998 or (410) 263-7943 TDD. All qualified applicants will receive consideration for employment without regard to political or religious opinion or affiliation, race, creed, color, sex, national origin, marital status, physical or mental disability, sexual orientation or genetic information.

THIS APPLICATION CONSISTS OF FIVE PAGES, ALL OF WHICH SHOULD BE COMPLETED FULLY BEFORE YOUR APPLICATION IS SUBMITTED.

Application for Position of (use title and number from Position Vacancy Notice):

1 Name

Last

First

Middle

If you are currently a City employee, please indicate if you are:

' Contractual Worker

' Seasonal/Temporary

1a Were you ever known by any other name?

Yes ' No '

If Yes, for the purpose of verifying education and prior employment, please provide your former legal name(s):

3 Phone Numbers and Email

Home ( )

Work ( )

Email:

2 Address

Number

Street

Apt #

City

State

Zip

4 Who shall we contact in case of an emergency?

Name

Phone ( )

Do you claim a Veteran's preference?

Yes ' No '

5 If you are related to a current City of Annapolis employee, please indicate his/her name and Department:

6a Did you graduate from high school?

Yes ' No '

Name

Address

6b If you have a GED, give Number and State

7 Name and location of College(s) or University(ies) attended

Total Credit  
Hours

Major Field

Degree  
Type

**8 OTHER TRAINING (including business, trade, military or correspondence schools)**

Name and location (city, state & zip of school(s) attended)	Type of Training	License or Certificate Number	Expiration Date	Total Training	
				Hours	Weeks

Use this space to include any special qualifications relevant to the position for which you are applying that are not covered elsewhere in your application: skills in operation of computers, machines or equipment; technical skills; office administration skills; or other special training. If necessary, please attach a supplementary sheet.

**9 EXPERIENCE**

Use the following blocks A through D to provide information about your previous jobs STARTING WITH YOUR PRESENT OR MOST RECENT POSITION in Block A. Include all relevant paid, non-paid, volunteer and military experience. LIST PROMOTIONS AS SEPARATE JOBS. You must provide all of the information requested for each job you list. If you require more space to answer Blocks A through D, or if you require more blocks to list all of your previous jobs, attach additional pages that provide all of the information requested for each job. Your resume should be used only to supplement information presented in these blocks. **Label all additional pages with your NAME.**

May we contact your current and/or previous employer(s)?  
Yes ' No '

Comments

**A**

Position

Currently held position?

Employer (Company or Organization)

Yes ' No '

Name, Title & Telephone of Immediate Supervisor

Address of Employer

Date of Employment

From \_\_\_\_\_ To \_\_\_\_\_

Last Salary \_\_\_\_\_

Type of business \_\_\_\_\_

Number of hours worked per week \_\_\_\_\_

Number of employees you supervised \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Describe your duties, responsibilities and accomplishments below.

<b>B</b>	Position	Currently held position? Yes ' No '	Employer (Company or Organization)
	Name, Title & Telephone of Immediate Supervisor		Address of Employer
Date of Employment From _____ To _____ Last Salary _____ Type of business _____ Number of hours worked per week _____ Number of employees you supervised _____ Reason for leaving _____			Describe your duties, responsibilities and accomplishments below.

<b>C</b>	Position	Currently held position? Yes ' No '	Employer (Company or Organization)
	Name, Title & Telephone of Immediate Supervisor		Address of Employer
Date of Employment From _____ To _____ Last Salary _____ Type of business _____ Number of hours worked per week _____ Number of employees you supervised _____ Reason for leaving _____			Describe your duties, responsibilities and accomplishments below.

<b>D</b>	Position	Currently held position? Yes ' No '	Employer (Company or Organization)
	Name, Title & Telephone of Immediate Supervisor		Address of Employer
Date of Employment From _____ To _____ Last Salary _____ Type of business _____ Number of hours worked per week _____ Number of employees you supervised _____ Reason for leaving _____			Describe your duties, responsibilities and accomplishments below.

**Label all additional pages with your NAME.**

<b>10</b>	Are you legally eligible for employment in the U.S.? Anyone offered employment is required to provide identification and documentation of eligibility for employment in the U.S.	Yes '    No '
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<b>11</b>	Do you have a valid motor vehicle operator's license?	Yes '    No '
	Is this license a Commercial Driver's License?	Yes '    No '

<b>12</b>	Have you ever been convicted of a criminal offense in any court?	Yes '    No '
	If yes, give date, place, charge, court and fine or sentence of conviction.	
	A conviction does not automatically mean that you will not be employed. The nature of the offense and when it occurred will be considered. Give all the facts so a decision can be made (attach additional sheets, if necessary, and label all additional sheets with name).	

<b>13</b>	Have you ever been fired or asked to resign from a job?	Yes '    No '
	If yes, give date, name, address of employer and reason.	
	A firing or forced resignation does not automatically mean you will not be employed. The circumstances, time elapsed and recent employment record will be considered. Give all the facts so that a decision can be made (attach additional sheets, if necessary, and label all additional sheets with name).	

<b>14</b>	<p>The following notice applies to everyone EXCEPT applicants for Law Enforcement Officer positions as defined by Article 27, Section 727, or any employee of any law enforcement agency of the State of Maryland or any county, incorporated city or town, or other municipal corporation.</p> <p>"Under Maryland law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100."</p>	
	Signature of Applicant (Required by Maryland State Law)	Date

I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. **I understand that any false or incomplete answer may be grounds for not employing me or for discharging me after my employment.** I understand that I may have to pass a physical examination; produce documentation verifying identity and employment eligibility in the U.S.; and be fingerprinted as a condition of my employment. I also understand that if I am hired for a position with the City of Annapolis, I will be required to undergo a pre-employment DRUG SCREEN. During the course of my employment, should reasonable suspicion exist to indicate possible impairment from proper and safe performance of my duties, I will be subject to additional testing for drug and/or alcohol usage.

I hereby authorize and fully consent to the disclosure and release to the City of Annapolis, Maryland of any information and documentation bearing on my academic history; job performance; and/or other credentials or licensure that may pertain to the vacancy for which application is being made. It is my specific intent to provide access to the above-detailed information, no matter how personal or confidential it may appear to be. In consideration of the City of Annapolis' acceptance and evaluation of this application, I hereby release and hold harmless the City of Annapolis, Maryland; any school; present or former employer; and /or any person furnishing such information or documents.

Photocopies of this authorization, and of my signature hereon, shall be deemed to provide the same release as my original signature. I understand that I must notify the Human Resources Department of any change in my name, address, phone number or other pertinent information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

# City of Annapolis

## HUMAN RESOURCES DEPARTMENT

The City of Annapolis seeks the following information in order to comply with its obligations under all applicable Equal Employment Opportunity Laws. Individuals are encouraged to complete this form. Those who choose not to provide race or gender information will be placed in the largest applicant group. In keeping with City of Annapolis policy, any individual who knowingly falsifies a race or gender claim is subject to disqualification or termination.

<b>A</b>	How did you learn about the job for which you are applying? Please specify.	
'	Newspaper (name) _____	' City Employee _____
'	Job Bulletin (where posted) _____	' Notification Postcard _____
'	Federal/State Employment service (name) _____	' Job Fair/Conference (where/when) _____
'	Community Action Agency (name) _____	' College/University/School (name) _____
'	Magazine/Journal (name) _____	' Other _____
'	Walk-in _____	

<b>B</b>	Date of Birth _____
	Month Day Year

<b>C</b>	Gender	Male ' _____	Female ' _____
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<b>D</b>	Ethnic Origin
	The U.S. Equal Employment Opportunity Commission (EEOC) has defined the following categories of ethnic origin. Please check which best describes your ethnic origin.
'	<b>White</b> (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
'	<b>Black</b> (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
'	<b>Hispanic:</b> All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race
'	<b>Asian or Pacific Islander:</b> All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. (For example, China, Japan, Korea, the Philippines, and Samoa.)
'	<b>American Indian or Alaskan Native:</b> All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.
'	<b>Other:</b>

Position Applied For

Signature

Date

THIS APPLICATION CONSISTS OF FIVE PAGES, ALL OF WHICH SHOULD BE COMPLETED FULLY BEFORE YOUR APPLICATION IS SUBMITTED.

Annapolis (410) 263-7998  
Baltimore (410) 269-8424  
Washington (301) 858-5541  
TDD (410) 263-7943  
FAX (410) 295-7999  
website [www.annapolis.gov](http://www.annapolis.gov)

RETURN / MAIL TO  
City of Annapolis Government  
Human Resources Department  
93 Main Street, 3rd Floor  
Annapolis, MD 21401